

ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

If you're under the care of a physician for high blood pressure, seizures, sprains, fractures, diabetes, asthma, rheumatic fever (or any heart disease), chronic illness or if you have any missing organs, you will need to have your athletic physical filled out by your personal physician.

Article VII 36.14(1) Physical Examination. Every year each student (grades 7-12) shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition.

This certificate of physical examination is valid for the purposes of this rule and for one (1) calendar year. A grace period, not to exceed thirty (30) days is allowed for expired certifications of physical examination.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or print this information)

NAME _____ Male _____ Female _____ Date of Birth _____ Grade Next Fall _____

HOME ADDRESS _____ PHONE # _____

WORK PHONE _____ CELL PHONE# _____

PARENT'S/GUARDIAN'S NAME _____ FAMILY PHYSICIAN _____

HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian.) A parent or guardian is required to sign on the bottom of this form.

- | Yes | No | Has this student had any? | Yes | No | Has this student had any? |
|-----------|-------|---|-----------|-------|---|
| 1. _____ | _____ | Chronic or recurrent illness or injury? | 16. _____ | _____ | Asthma? |
| 2. _____ | _____ | Any illness lasting more than one (1) week? | 17. _____ | _____ | Epilepsy or other seizures? |
| 3. _____ | _____ | Rheumatic fever, mononucleosis? | 18. _____ | _____ | Diabetes? |
| 4. _____ | _____ | Hospitalizations (overnight or longer)? | 19. _____ | _____ | Eyeglasses, contacts, protective eyewear? |
| 5. _____ | _____ | Surgery, other than tonsillectomy? | 20. _____ | _____ | Dental braces, bridges, plates? |
| 6. _____ | _____ | Missing organs (eye, kidney, testicle)? | | | |
| 7. _____ | _____ | Allergy to medication, insects, food? | | | |
| 8. _____ | _____ | Seasonal allergies (hay fever)? | | | |
| 9. _____ | _____ | Problems w/ heart, blood pressure, cholesterol? | | | |
| 10. _____ | _____ | Racing of your heart or skipped heart beats? | | | |
| 11. _____ | _____ | Chest pain with exercise? | | | |
| 12. _____ | _____ | Frequent headaches, convulsions, dizziness, fainting? | | | |
| 13. _____ | _____ | Dizziness or fainting with exercise? | | | |
| 14. _____ | _____ | Concussions, unconsciousness, extremity numbness? | | | |
| 15. _____ | _____ | Heat exhaustion, heat stroke, or other heat related problems? | | | |

Yes No Is there a history of?

- | | | |
|-----------|-------|--|
| 21. _____ | _____ | Injuries requiring medical treatment? |
| 22. _____ | _____ | Neck injury? |
| 23. _____ | _____ | Knee injury? |
| 24. _____ | _____ | Knee surgery? |
| 25. _____ | _____ | Ankle injury? |
| 26. _____ | _____ | Broken bones (fractures)? |
| 27. _____ | _____ | Other serious joint injuries |
| 28. _____ | _____ | Use of protective equipment or braces? |

Yes No Further History:

29. _____ Is there a history of family or genetic disease?
30. _____ Has any family member died suddenly at less than 40 years of age of causes other than an accident?
31. _____ Has any family member had a heart attack at less than 55 years of age?
32. _____ List all medications and dietary supplements you are presently taking, including asthma inhalers, and the condition the medication/supplement is for:
- A. _____
- B. _____
- C. _____

33. What is the most and the least you have weighed in the past year? Most _____ Least _____

34. Date of last known: Tetanus (lockjaw) shot: _____ Meningitis vaccination: _____ HBV vaccination: _____

FOR WOMEN ONLY:

1. How old were you when you had your first menstrual period? _____
2. In the past year, what is the longest time you have gone between menstrual periods? _____
3. When was your last menstrual period? _____

Use this space (or attach an additional sheet) to explain any of the above numbered YES answers or to provide additional information:

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE (Please sign)

I hereby give my consent for the above named student to engage in approved athletic activities as a representative of his/her school except those activities indicated above by the licensed professional. I also give my permission for the team's physician, athletic trainer or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

Signature of Parent or Guardian _____

Date _____